

SENATE BILL REPORT

SB 6209

As of February 6, 2020

Title: An act relating to the multistate nurse licensure compact.

Brief Description: Joining the nurse licensure compact.

Sponsors: Senators Randall, O'Ban, Keiser, Dhingra, Billig, Cleveland, Liias, Hasegawa, Hunt, Kuderer and Wilson, C.

Brief History:

Committee Activity: Health & Long Term Care: 2/05/20.

<p>Brief Summary of Bill</p> <ul style="list-style-type: none">• Establishes the Interstate Nurse Licensure Compact in Washington.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

Background: Nurse Licensure. The Nursing Quality Assurance Commission is responsible for licensure, license renewal, and discipline of registered nurses (RN) and licensed practical nurses (LPN). To receive an RN or LPN license, an applicant must:

- successfully complete an approved nursing education program;
- complete seven clock hours of AIDS education;
- successfully pass a licensure examination; and
- submit the required documentation.

An RN or LPN who is licensed in another state or territory of the United States that meets all other requirements for licensure in Washington may receive a license without examination.

Interstate Nursing Licensure Compact. The interstate nursing licensure compact (compact) is a proposal to create a system for expediting the licensure for RNs and LPNs already licensed by another state. States must enact model legislation in order to adopt the compact and become a member to the licensure agreement. As of January 2020, 34 states have enacted the compact and become party to the agreement.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): A multistate license issued to a RN or LPN by the nurse's resident state must be recognized by each state in the compact as authorizing the nurse to practice under a multistate licensure privilege. Multistate licensure privilege is the legal authorization associated with a multistate license permitting the practice of nursing in a remote state.

The practice of nursing in a party state under a multistate licensure privilege subjects a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state, including state practice laws, in which the client is located at the time of service.

Licensure Process. Each home state licensing board or commission may issue a multistate license to a qualified applicant residing in that state. The applicant must meet the state's qualifications for licensure, must submit to a criminal background check, including providing fingerprints or other biometric information necessary to complete the check, and must have passed an approved examination. Each license holder is eligible to renew their license provided they continue to meet all qualifications, including having no disqualifying disciplinary or criminal history.

Each party state to the compact must participate in a coordinated licensure information system and provide information to the system on licensure and disciplinary history of all LPNs and RNs in the state. When an applicant applies for a multistate license, the home state must check the coordinated licensure information system to determine if the applicant holds or has ever held a multistate license issued by another state, is participating in an alternative licensing program, and whether the applicant has any disciplinary history. A nurse may only hold one multistate license at a time and upon moving to a new primary state of residence, must apply for licensure in their new home state. A nurse may apply for licensure in advance of a change in primary state of residence. If a nurse moves to a nonparty state, the multistate license issued by the prior home state converts to a single-state license of that prior home state.

Disciplinary Action. All party states are authorized to take adverse action against a nurse's multistate licensure privilege in that state and must notify the coordinated licensure information system promptly of any such action. However, only the home state that issued the license may take adverse action against a nurse's license issued by that home state. The home state must give the same effect to reported conduct received from a remote state as it would if the conduct occurred in the home state. If a licensed nurse moves to a new state during the course of an investigation, the home state may complete the investigation and take appropriate action. If the home state takes disciplinary or other adverse action, the nurse's multistate licensure privilege to work in all other party states must be deactivated until the encumbrance has been removed. The home state must report all adverse actions to the coordinated licensure information system.

Interstate Commission. An interstate commission of nurse licensure compact administrators is established. The head of the licensing board or commission of each state, or their designee, shall be a member of the interstate commission. The interstate commission may promulgate rules and bylaws for the compact and each member shall have one vote. The

interstate commission must pay for reasonable establishment and ongoing operation expenses of the interstate commission. It may levy and collect an annual assessment from each party state to cover these costs.

A party state may withdraw from the compact by enacting a statute repealing the compact, which must not take effect until six months after the enactment of the repealing statute.

The Nursing Quality Assurance Commission may adopt rules to implement the compact. The compact does not affect the requirements established by a party state for issuing a single-state license.

Beginning September 1, 2020, and quarterly thereafter, hospitals, psychiatric establishments, ambulatory surgical facilities, nursing facilities, assisted living facilities, hospice care centers, and adult family homes, must report the number of individuals employed or privileged by the facility who hold a multistate nurse license issued by a state other than Washington to the Nursing Care Quality Assurance Commission.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Proposed Substitute: PRO: Maintaining licensures with frequent moves is almost impossible. The bill would allow military spouses to go to work right away without expensive or time consuming licensure delays. Currently the nursing commission can not take action against a license when the nurse is under investigation in another state because it is unaware of the information until that process is complete. The compact will solve that problem by getting the information to the nursing commission faster.

CON: The lack of a registration process for nursing under the compact would make it impossible to know who is practicing in Washington. A registry should be part of the compact at a national level. Issues around licensure for military spouses can be fixed with the compact. State practice acts differ from state to state and nurses coming in from other states would not necessarily know those difference, which is an issue for patient safety. The compact should be responsible for this education but it does not provide it.

Persons Testifying: PRO: Charles Wharton, Veterans Legislative Coalition of Washington; Dawn Morrell, Nursing Commission; Captain Johannes Bailey, U.S. Navy; Captain Thecley Scott, U.S. Navy; Tammie Perreault, Department of Defense; Jehan Jones, citizen; Courtney Orr, citizen.

CON: Melissa Johnson, Washington State Nurses Association; Erin Stevenson, Washington State Nurses Association; Lindsey Grad, SEIU 1199NW.

Persons Signed In To Testify But Not Testifying: No one.